Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 2896 OF 2900
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Senate Conservatives Fund				FEC IDENTIFICATION NUMBER ▼
				C C00448696
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M / D D / Y Y Y Y
Full Name of Payee			M	f Public Distribution/Dissemination
Mailing Address PO Box 388			Amoun	
City	State	Zip Code		32.05
Alexandria	VA	22313-0388		action ID : EBAF34A1CE4CA4051AB(f Disbursement or Obligation
Purpose of Expenditure IE-Johnson-Donation Processing		Category/ Type	M	11 08 7 2016
Name of Federal Candidate:		X Support	Office Sought	:: X House District: 04
Johnson, James, Michael, ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2190.47	Disbursement	For:
Full Name of Payee			M	f Public Distribution/Dissemination
Mailing Address PO Box 388			Amoun	
City	State	Zip Code		28.25
Alexandria	VA	22313-0388		action ID: E3C259C36BDE943CFB0E f Disbursement or Obligation
Purpose of Expenditure IE-Budd-Donation Processing		Category/ Type	M	11 08 / 2016
Name of Federal Candidate:		x Support	Office Sought	: X House District: 13
Budd, Theodore, P, ,		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	10879.38	Disbursement 2016 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures	res		...	60.30
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		• •
	[Electronically File	ed] Date	12 /	08 2016
Cignatura				